EXHIBIT 2



THE CITY OF NEW YORK DEPARTMENT OF CORRECTION

DIRECTIVE

CORRECTION	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P

[] NEW [] INTERIM [X]	REVISED	SUBJECT			
EFFECTIVE DATE 2 / 2 /21	*TERMINA /	TION DATE	SUICIDE PREVENTION AND INT	FERVENTION		
CLASSIFICATION # 4521R-A	SUPERSEDES 4521	DATED 12/10/03	APPROVED FOR WEB POSTING DISTRIBUTION A A	ION PAGE 1 OF 15 PAGES		
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER AUTHORIZED BY THE COMMISSIONER						
Hazel Tenning Cysthia Brann						
HAZEL JENNINGS, CI	HIEF OF DEPARTMENT	SIGNATUR	RE CYNTHIA BRANN	SIGNATURE		

I. PURPOSE

To establish guidelines for ensuring the health, safety and welfare of diagnosed and potentially suicidal individuals in the custody of the New York City Department of Correction.

II. POLICY

It shall be the policy of the New York City Department of Correction to identify and respond to suicidal inmates and implement a suicide prevention and intervention program consistent with best practices. This suicide prevention directive shall address the following components: identification, referrals, monitoring/reporting, housing, communication, intervention, and training.

III. GENERAL INFORMATION

Suicide is a major national public health issue in the United States. Certain populations are more at risk than others for committing suicide. For instance, the LGBTQI+ youth and adults, attempt suicide at rates higher than the national average. Men die more frequently than women, and the suicide rate among incarcerated individuals is significantly higher than the suicide rate among the general population.

There are characteristics of the jail environment which enhance suicidal behavior. These characteristics include:

- Fear of the unknown;
- 2. Authoritarian environment;
- Stigma:
- Perceived Loss of Control;
- 5. Isolation from Family/Friends; and
- Shame of Incarceration.

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V. PROCEDURES

A. Recognizing potential self-injurious/suicidal actions and/or behaviors:

Individuals can become suicidal at any point during incarceration. Therefore, all staff shall perform routine tours of their assigned posts, observing the individuals in custody for unusual incidents, behavior or conditions. During tours of inspection, staff must remain alert for any behavior displayed by an individual in custody that may indicate they are mentally ill or suicidal. If staff observe any of the behavior or warnings signs set forth below, staff are required to promptly notify their supervisors, and make the necessary referrals to Mental Health and Medical Staff.

Individuals in custody who attempt or commit suicide may indicate their intent through exhibiting direct or subtle warning signs. These potential warning signs may manifest during the initial intake process or at anytime during their period of confinement. Potential warning signs may include:

- 1. Depression;
- Extreme sadness and/or constant crying;
- 3. Lack of interest in people or activities:
- 4. Rapid weight loss or gain;
- Difficulty performing routine tasks;
- 6. Withdrawal; and
- Feelings of helplessness and/or hopelessness.

Additional Warning Signs/Risk Factors may include:

- Prior suicide attempts;
- 2. Family history of suicide attempt;
- 3. History of psychiatric treatment/care;
- Severe mood swings;
- Alcohol or drug intoxication;
- 6. A recent critical loss (e.g. death of a spouse, employment, divorce);
- First incarceration;
- 8. Giving away of possessions and/or packing belongings:
- Direct suicidal statements:
- 10. Paranoid delusions and/or hallucinations:
- 11. High profile criminal case:
- 12. Significant status within the community;
- 13. Setback in legal proceedings;
- 14. Change in legal status; and
- 15. Capital and/or violent offense which may lead to a long sentence.

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V. PROCEDURES (Cont.)

C. Intervention

- Responding to suicidal or self-inflicted injurious behavior
 - a. In the event that an individual in custody exhibits suicidal or self-inflicted injurious behavior, all staff must adhere to the following steps:
 - i. Immediately summon assistance by alerting another staff member in the area, who shall immediately notify the control room captain and request medical assistance. The Control Room Captain shall immediately notify facility medical staff and then the area's direct supervisor to report to the area. The Control Room Captain shall then immediately notify the Tour Commander.
 - If alone on post, staff shall summon assistance and request medical assistance by activating his/her Personal Body Alarm or utilizing a radio transmission or telephone;
 - iii. Take immediate action to stop the individual from harming themselves;
 - iv. If a staff member observes an individual with a ligature around his/her neck or any other instrument that may be used by an individual to harm him/herself, the staff member shall not wait for assistance to arrive but shall immediately remove, cut, and confiscate the ligature/instrument or, if unable to remove it, disable it (e.g. loosening it) in order to stop the individual from harming themselves;
 - if the individual appears to be injured or has stopped breathing, uniformed staff shall immediately commence emergency first aid procedures and continue performing them until medical assistance arrives.

Note: Personnel who have not been certified in C.P.R. shall limit their resuscitation efforts to chest compressions.

b. Individuals in custody who engage in self-injurious behavior shall be provided medical treatment without delay and kept under continuous observation until that time, in accordance with the following:

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V. PROCEDURES (Cont.)

- ii. notify a supervisor. The individual shall then be immediately referred to mental health by utilizing form 4018 "Referral of Inmates to Mental Health Services" and remain under continuous observation until seen my mental health/medical staff.
- b. When determined appropriate by mental health/medical staff, Constant Supervision, as defined in Section III. of this Directive shall be initiated, implemented, maintained, and discontinued in accordance with Directive 4021 "Constant Supervision".

c. Housing

 Any individual who requires Constant Supervision shall be assigned to a housing area that can provide direct, continuous, and unobstructed supervision and escorted movement for such a period as determined by the appropriate clinical staff.

3. Observation Aide Program

a. The Department shall maintain an Observation Aide Program to assist Department Staff in identifying individuals in custody who are at risk for or exhibiting suicidal or self-injurious behavior. The Observation Aide Program shall be administered in accordance with Directive 4017R-C, "Observation Aide Program".

Authorized Duty Knife/Rescue Tool:

- a. New York City Department of Correction authorized uniform staff shall always carry an approved duty knife/rescue tool while on duty as part of their uniform, per Directive #2256A, Uniform and Equipment Inspection.
- All authorized staff shall ensure that their duty knife/rescue tool is in good working order at all times while on duty.

D. Suicide Prevention Procedures for Court Divisions

Correction Officers assigned to Court Divisions must perform routine tours of their assigned posts, observing all individuals in custody for unusual incidents, behavior, or conditions at a minimum of every 15 minutes. During these tours of inspection, staff must remain alert for any behavior displayed by an individual in custody that may indicate they are mentally ill or suicidal.

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VI. PROCEDURES (Cont.)

d. The court officer accepting custody of the individual shall place his/her initials next to the remarks section that indicates the individual is a "suicide risk".

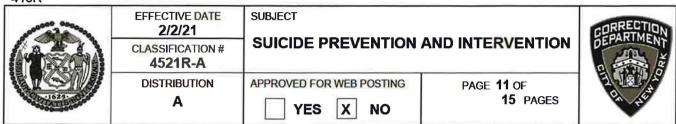
F. On-Trial Suicide Watch

Individuals in custody who are on-trial shall be permitted to wear a belt, necktie, and shoelaces while they are in the courtroom only.

- a. The sending facility shall place the individual's property in an appropriately sized envelope, which will be attached to the accompanying card and given to the transportation officer. The outside of the envelope will list the contents (i.e., one black belt, one gray tie, etc.).
- b. Being placed in OCA custody, the individual will receive their property for their court appearance.
- c. Once the individual returns from their court appearance, the property will be taken from the inmate by the court division officer before the individual is placed in the holding pen. The court division officers shall ensure that the contents listed on the property envelope are returned.

G. Reporting and Monitoring

- Pursuant to New York State Commission of Correction (SCOC's) Reportable Incident Manual, submission of information to the E-Justice Portal must be completed for the following circumstances within twenty-four (24) hours:
 - a. An attempted suicide;
 - b. Any self-inflicted injury that requires medical treatment;
 - c. Any accidental injury requiring an individual, employee, or visitor to be admitted to the hospital, or a Facility Medical Unit as an inpatient.
- The Tour Commander shall be responsible for making a preliminary determination if an incident of self-injury was a suicide attempt or self-inflicted injury as defined by the SCOC.



V. PROCEDURES (Cont.)

- Upon notification from the Tour commander, COD shall report the incident to SCOC as either a suicide, a suicide attempt, or a self-inflicted injury within twentyfour (24) hours of the incident.
 - This does not preclude the obligation of the Tour Commander from the responsibility of making the required notifications in accordance with Directive 5000R-A.
- 4. The Warden shall review all information, including but not limited to, staff reports, individual in custody statements/reports, review of medial, placement on Constant Supervision during business hours in order to confirm or decline the Tour Commanders determination. Incidents which occur on non-business hours, shall be reviewed and decided upon by the Warden no later than the next business day.
- 5. The Warden's determination of the incident shall be confirmed or denied by the Duty Chief during business hours on the same day of the incident, or no later than the next business day for incidents which occur during non-business hours.
- If after review, the Warden and Duty Chief disagree with the Tour Commander's determination, COD must be immediately notified, and the incident properly reported to SCOC.
- 7. The Chief of Security shall compile and forward a monthly list of suicide attempts reported to SCOC to the Department's Health Affairs Unit on the 5th day of the following month.
- 8. The Health Affairs Unit shall then share the monthly list with CHS on the 10th day of the same month they receive the list.
- CHS shall review the list and confirm whether the identified incidents were suicide attempts, not suicide attempts, or the determination is pending CHS' monthly Mortality and Morbidity Conference (M+M). CHS shall respond to the Health Affairs Unit within 5 business days of receipt.
 - a. CHS' Co-Chief of Mental Health shall notify the Head of the Department's Health Affairs Unit of any suicide attempt determinations stemming from the Mortality and Morbidity Conference.
- The Senior Correctional Administrator of the Health Affairs Unit shall notify the Facility's Warden and Bureau Chief of Security of any dispositions which are inconsistent with the preliminary determination.

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V. PROCEDURES (Cont.)

an individual who may be developing a mental health problem or experiencing a mental health issue.

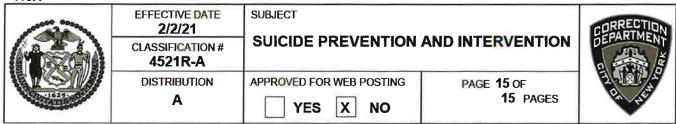
d. NYS SCOC Suicide Prevention Training: Eight (8) hour training focusing on potential risk factors for individuals in custody, warning signs to look for, potential methods individuals in custody use for self-harm, and potential interventions/actions staff can utilize to minimize risk and/or prevent self-injury for incarcerated individuals.

Refresher Trainings

- a. Mental Health First Aid (MHFA): Eight (8) hour nationally recognized training course providing staff with the knowledge and skills to better help an individual who may be developing a mental health problem or experiencing a mental health issue. Refresher training provided every three (3) years with priority given to those members of service who are assigned to intake areas, clinics, and mental health housing units. Individuals in custody may also receive MHFA training.
- b. Suicide Prevention: Forty-five (45) minute on-line training conducted annually for members of service who completed the eight (8) hour Suicide Prevention course. The training reviews potential warning signs of an individual at risk for self-harm, potential interventions to minimize risk for self harm and/or prevent self-injury, and procedural and documentation requirements regarding reporting an individual in custody who may be suicidal.
- c. Crisis Intervention Teams (CIT) Refresher Training: Eight (8) hour training course provided annually for those staff who have completed the full CIT training course outlined below.

3. Supplemental Training:

a. Basic Crisis Management Training: Eight (8) hour training provided to members of service who are assigned to specialized mental health housing areas with the objective of preventing crisis situations and effectively managing them if they arise. The training focuses on being aware of your



VII. REFERENCES (Cont.)

D. Rules & Regulations: 7.05. 090 - 7.05.200

VIII. SUPERSEDES

- A. Directive 4521, Suicide Prevention, dated, 12/10/03.
- B. Any other Directive, Operations Order, Teletype, Memorandum, etc., that may be in conflict with the policies and procedures outlined herein.

IX. SPECIAL INSTRUCTIONS

- A. Within ten (10) days of the effective date of this order Commanding Officers of Facilities and Divisions shall promulgate a Command Level Order to ensure strict compliance with the provisions outlined herein.
- B. Copies of all Command Level Orders shall be forwarded to the office of the respective Bureau/Assistant Chief, and a copy of the CLO shall be uploaded to the FIS folder AgencyShare (\\FILESERVER1) Z:DRIVE/ Command Level Orders.
- C. Commanding Officers of Facilities and Divisions shall ensure strict compliance with the provisions of this Directive.

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FACILITY:	INMATE:		ВО	OK & CASE #:	1	NYSID	#:	
	Tour: Officer Assigned: _			Date:/_/	Tour:	_ Officer Assigned: _	SH SH	#:
Area Supervisor:	SH#:	Is Suicide Smock	Blanket Intact ?		With the second		Is Suicide Smock /Blanke YES / NO	
TIME	OFFICER'S OBSERVATIONS	SUPERVISOR	CLINICIAN Name & Title	TIME	OFFICER'	S OBSERVATIONS	SUPERVISOR	CLINICIAN Name & Title
2300 Hrs.				1500 Hrs.				
2315 Hrs.				1515 Hrs.		140 m = 10		
2330 Hrs.				1530 Hrs.				
2345 Hrs.				1545 Hrs.				
0000 Hrs.				1600 Hrs.				
0015 Hrs.				1615 Hrs.				
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0245 Hrs.				1845 Hrs.				
0300 Hrs.			3 0-140-4	1900 Hrs.				
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0345 Hrs.				1945 Hrs.				
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0515 Hrs.				2115 Hrs.	Letter and George Halles 11			
0530 Hrs.	Annual Control Control			2130 Hrs.				
0545 Hrs.				2145 Hrs.				
0600 Hrs.				2200 Hrs.				
0615 Hrs.				2215 Hrs.				
0630 Hrs.				2230 Hrs.				4
0645 Hrs.				2245 Hrs.				

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CORRECTION DEPARTMENT CITY OF NEW YORK

FORM # OD/HS 02 REV 02 /16

REF: O/O # 22/93 DIR. 4521R-A



MENTAL HEALTH STATUS NOTIFICATION AND OBSERVATION TRANSFER FORM (TNF)

MENTAL TILALITY OTATOS NOTIFICATION AND OBSERVATION TRANSPERT ORM (THE)						
TO BE COMPLETED BY MENTAL HEALTH / CLINICAL STAFF						
INMATE NAME	FACILITY					
BOOK & CASE # NYS	D#	DATE	/ /			
BASED ON A CLINICAL INTERVIEW THIS DATE, THE FOLLOWING MARKED (X) INDICATIONS APPLY: SUICIDAL AND / OR HIGHLY SELF-INJURIOUS HIGHLY ASSAULTIVE RECEIVING PSYCHOTROPIC MEDICATION DEVELOPMENTALLY DISABLED 730 EXAMINATION PENDING HISTORY OF VIOLENCE TOWARDS						
TRANSFER TO: PSYCHIATRIC PRISON WARD: BHPW		HPW				
DOC FACILITY: C-71 MEN OTHER M.O. HOUSING: DORMITO	THE REAL PROPERTY IN	APS RHU	PUNITIVE SEG			
SPECIAL PRECAUTIONS REQUIRED:						
 □ CONSTANT SUICIDE WATCH □ GENERAL POPULATION - NO DANGER TO SELF OR OTHERS □ NO TRANSFER REQUIRED, BUT MOVE TO □ DORMITO 	RY □ CI	ELL				
BASED ON MENTAL HEALTH STAFF REVIEW, THE INMATE: Has successfully completed all levels of the RHU program and is eligible for a fifty-percent punitive segregation time reduction incentive and abeyance. Has successfully completed the CAPS program and is eligible to have remaining punitive segregation time owed expunged. Has been evaluated and is clinically cleared for restoration of punitive segregation time held in abeyance.						
ADDITIONAL INFORMATION / RECOMMENDATIONS:						
MENTAL HEALTH STAFF SIGNATURE		TIME	HRS.			
MENTAL HEALTH STAFF (PRINT) DATE / /						
TO BE COMPLETED BY DEPARTMENT OF CORRECTION STAFF						
TIME OF NOTIFICATION TO DOC: HRS. PERSON NOTIFIED (PRINT NAME & RANK)						
TIME OF NOTIFICATION TO NAMCU: HRS. PERSON NOTIFIED (PRINT NAME & RANK)						
TRANSFER LOCATION FACILITY	HOUSING AREA		BED / CELL			
PERSON NOTIFIED AT RECEIVING LOCATION (AS REQUIRED)		RANK/TITLE	SHIELD NO. / I.D.			

NOTE: THE DETERMINATION CONTAINED HEREIN EXPIRES AFTER SEVEN (7) BUSINESS DAYS.

Form 330 ADM (CC) (10/11) page 2

State of New York
COMMISSION OF CORRECTION
Office of Mental Health

INSTRUCTIONS FOR COMPLETING SUICIDE PREVENTION SCREENING GUIDELINES – FORM 330 ADM

GENERAL INFORMATION

It is recommended that the form be completed for all detainees prior to cell assignment and be distributed as follows: top copy (white) in detainee's file, second copy (yellow) to medical or mental health personnel at referral or to the receiving agency if being transferred.

Comment Column: All "YES" responses require note to document:

1. information about the detainee that officer feels is relevant and important;

2. information specifically requested in questions;

3. information regarding detainee's refusal or inability to answer questions.

Detainee's Name: Enter detainee's first and last name and middle initial.

Sex: Enter male (m) or female (f).

Date of Birth: Enter month, day and year.

Most Serious Charge(s): Enter the most serious charge or charges (no more than two [2]) from this arrest.

Date: Enter month, day and year form was completed.

Time: Enter the time of day the form was completed.

Name of Facility: Enter name of jail or lock-up.

Name of Screening Officer. Print name of officer completing form.

Prior ADM 330 on File: The screening officer should check facility files to determine if the detainee has had a screening completed during a prior incarceration.

INSTRUCTIONS FOR ITEMS 1-16

General Instructions

Check the appropriate YES or NO for items 1-16.

If information required to complete these questions is unknown to screening officer, such information should be obtained by asking detainee to answer questions. However, detainee has the right to refuse to answer.

If detainee refuses to answer questions 2–12, enter RTA (refused to answer) in the Comment Column next to each question. In addition, complete the YES or NO boxes only if information is known to you.

If during an otherwise cooperative interview, detainee refuses to answer one or two question: Check YES in the box(es) next to the unanswered question(s) and enter RTA in the comment box next to each unanswered question.

If detainee is unable to answer all questions 2–12, enter UTA (unable to answer) in the Comment Column next to each question, Also enter reason (e.g., not English speaking) for not answering these questions in the Comment Column next to Question 2. In addition, complete the YES or NO boxes only if information is known to you.

Observation of Transporting Officer

ITEM (1) Check YES or NO based upon the written/verbal report of the arresting/transporting officer or upon the screening form completed by the arresting agency. If YES, notify supervisor.

NOTE: The following questions and observations should not be read word for word but restated in your own words.

Personal Data Questions

- ITEM (2) Family/friends: Check NO if someone other than a lawyer or bondsman would (1) be willing to post detainee's bail, (2) visit detainee while he/she is incarcerated, or (3) accept a collect call from detainee.
- ITEM (3) Significant loss: Ask all three components to this question—loss of job, loss of relationship and death of close friend or family member.
- ITEM (4) Worried about problems: Ask about such problems as financial, medical condition or fear of losing job. Check YES if detainee answers YES to any of these.
- ITEM (5) Family/significant other attempted suicide: Significant other is defined as someone who has an important emotional relationship with detainee.
- ITEM (6) Alcohol or drug history: Check YES if detainee has had prior treatment for alcohol/drug abuse or if prior arrests were alcohol/drug related.
- ITEM (7) History of counseling or mental health evaluation/treatment: Check YES if detainee (1) has ever had psychiatric hospitalization, (2) is currently on psychotropic medication, or (3) has been in outpatient psychotherapy. Note current psychotropic medication and name of most recent treatment agency. If YES, make appropriate referral to mental health.
- ITEM (8) Check YES if detainee expresses extreme shame as result of arrest or feels that arrest/detention will cause humiliation to self/significant others. If YES, notify supervisor.
- ITEM (9) Suicidal: Check YES if detainee makes suicidal statement or responds YES to direct question, "Are you thinking about killing yourself?" If YES, notify supervisor.
- ITEM (10a&b) Previous attempt: Check YES if detainee states he has attempted suicide. If YES, explore method and note scars. Obtain as much information as possible re method and time of attempt. If YES to 10b, notify supervisor.
 - ITEM (11) Hopeless: Check YES if detainee states feeling hopeless, that he has given up, that he feels helpless to make his life better. If YES, notify supervisor.
 - ITEM (12) Criminal History: Ask detainee or check files to determine if this is detainee's first incarceration.

Behavior/Appearance Observations

YES or NO must always be checked for each of these items. They are observations made by the screening officer. They are not questions.

- ITEM (13) Depression: Indicators include behavior such as crying, emotional flatness, apathy, lethargy, extreme sadness, unusually slow reactions.
- ITEM (14) Overly anxious, afraid, panicked, or angry: Indicators include behavior such as handwringing, pacing, excessive fidgeting, profuse sweating, cursing, physical violence, etc.
- ITEM (15) Acting in strange manner. Check YES if you observe unusual behavior or speech such as hallucinations, severe mood swings, disorientation, etc.

 If detainee is hearing voices teiling him to harm himself, make an immediate referral to mental health services.
- ITEM (16a) Under influence: Check YES if detainee is apparently intoxicated on drugs or alcohol or has been detained for the instant offence of DWI.
- ITEM (16b) Signs of withdrawal: Means physical withdrawal from drugs or alcohol. If YES, notify supervisor and immediately refer to medical.
- ITEM (16c) Check YES if detainee is showing signs of mental illness or is not oriented to person, place, or time. If YES, notify supervisor and immediately refer to medical/mental health.

COMMENTS/IMPRESSIONS: Note any "gut" feelings or general impression regarding suicide risk.

SCORING

Count all checks in Column A. Enter total. Notify supervisor if (1) total is 8 or more, (2) any shaded area is checked, (3) if you feel notification is appropriate.

BOOKING OFFICER SIGNATURE AND BADGE NUMBER

Sign form and enter badge number.

SUPERVISOR SIGNATURE AND BADGE NUMBER

Sign form and enter badge number if required.

DISPOSITION

Corrections Personnel: Supervisor notified: check YES or NO. Notification should be made prior to cell assignment.

Note if constant supervision instituted.

Note emergency/non-emergency referral to medical and/or mental health personnel.